



- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS   |               |   |              |                 |                |
|--|---------------|---|--------------|-----------------|----------------|
|  | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate            | Additional Fee |
| Total Claims   | 14            | 20  | 0            | x \$ 50 (1202)  | \$ 0           |
| Independent Claims   | 3             | 3   | 0            | x \$ 210 (1201) | 0              |
| <input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 370 (1203)          |               |   |              |                 | \$ 0           |
| <b>Total Claim Amendment Fee</b>   |               |   |              |                 | <b>\$ 0</b>    |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee |               |   |              |                 | 0              |
| <b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>   |               |   |              |                 | <b>\$ 0</b>    |

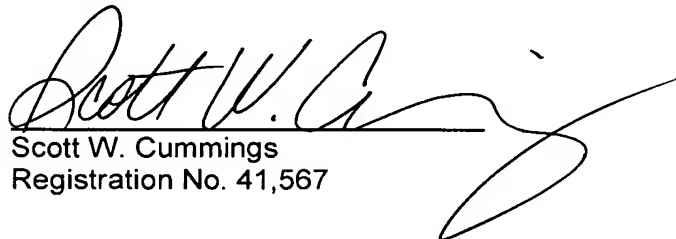
- ☐ Charge \_\_\_\_\_ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of \_\_\_\_\_ is enclosed for the fee due.
- ☒ Charge \$ 0 to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date January 22, 2008

By:

  
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